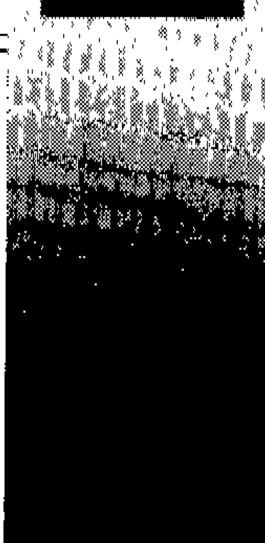
	n Division)	PROOF OF CLAIM		
P.O.Box 61288, Houston TX 77208 (Houston	······································			
Name of Debtors	Case Number	·		
Stage Stores, Inc., a Delaware corporation Specialty Retailers, Inc., a Texas corporation Specialty Retailers, Inc. (NV), a Nevada corporation	00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	United States District Court Southern District of Texas FII FD		
rolace an "x" beside the name of the Debtor you are filling a claim against Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else a filed a proof of claim relating to your claim.	JUL 2 4 2000		
PENCOM SYSTEMS INCORPORATED	Attach copy of statement giving particulars.	Michael N. Milby, Clerk		
Name and address where notices should be sent:	Check box if you have never received any notices from the			
40 FULTON ST28THFL.	bankruptcy court in this case			
NEW YORK, NY 10038-1850 ATTN: (EGAL DEPT-	Chack box if the address differs from the address on the envelope sent to you by the court			
212-513-7777 VOICE 212-513-1975 FAX	Check here replaces			
· · · · · · · · · · · · · · · · · · ·	f this claim amends a prev	iously filed claim, dated:		
	Retiree benefits as defined in 11 U Wages, salaries, and compensation	i.s.c. § 1114(a) on (Fill out balow)		
Services performed	Your \$5#:	= <u></u>		
Money loaned	Unpaid compensation for services	performed		
Personal Injury/wrongful death Taxes	from to	/data\		
Other	(date)	(date)		
2. Date debt was incurred: 4//7/00	3. If court judgment, date of	otained:		
Total Amount of Claim at Time Case Filed: \$ // 000.00 If all or part of your claim is secured or entitled to priority, also complete. Check this box if claim includes interest or other charges in additional charges.	TI fo file bilingibal almoont of all owner.	<u> </u>		
	6. Unsecured Priority Claim	l. 		
Check this box if your claim is secured by collateral (including a	Check this box if you have an unsecured priority claim Amount entitled to priority \$			
right of setoff).	Specify the priority of the clair	n;		
Brief Description of Collateral: Real Estate Motor Vehicle Real Estate Motor Vehicle	Weges, salaries, or commissions (up to bankruptcy petition or ceasation of	o \$4,300),* earned within 80 days before filling of the deblor's business, whichever is earlier - 11		
Other All personal and intengible property of Debtor's Estate	U.S.C. § 507(a)(3) Contributions to an employee benefit (sien - 11 U.S.C. § 607(e)(4).		
Value of Collateral: \$	Up to \$1,950° of deposits toward pure personal, family, or household use - 1 Alimony, maintenance, or support owe sortal(2)	hase, lease, or rental of property of services for 1 U.S.C. § 507(a)(6). Indicate a spouse, former spouse, or child - 11 U.S.C.		
Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$	Texes or penalties owed to governme	of 11 U.S.C. § \$07(8). 1/98 and every 3 years thereafter with respect to		
7. Credits: The amount of all payments on this claim has been credited and de	educted for	This Space is for Court Use Only		
i var an ang ang ang kina tinin namat at Cigimi.				
8. Supporting Documents: Attach copies of supporting documents, such notes, purchase orders, invoices, itemized statements of running accounts, concount judgments, mortgages, security agreements, and evidence of perfection of not send orders. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available,	of lien.			
explain. If the documents are voluminous, attach a summary, 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your onclose a stamped, self-addressed envelope and copy of this proof of claim.	195			
Date O attack for of form of and little, if any, of the creditor or of attack for of form of attack, if any): O CENERA				
Penalty for presenting traudulent claim: Fine of up to \$500,0		th. 18 U.S.C. §§ 152 and 3571.		





Pencom Systems Incorporated 40 Fulton Street New York, NY 10038-1850 fax: (212) 227-1854 www.pencom.com

** INVOICE **

Invoice Date....:04/17/2000 Invoice Number...:0103046

Client Number...:2575-4160

STAGE STORES INC. 10201 MAIN STREET HOUSTON, TX 77025

ATT: AMY GRAY

For professional services rendered in the employment of:

YOLANDA CRAVEN START DATE 04/24/2000 \$14,000.00

Amount Due:

\$14,000.00

Payment is due upon receipt of this invoice.

Past due balances are subject to a service charge: 1.25 percent per month.

Please Send Your Remittance To:

Pencom Systems Incorporated P. O. Box 31522 Hartford, CT 06150-1522

PENCOM SYSTEMS INCORPORATED
STAGE STORES INC. ACCOUNTS RECEIVABLE AGING REPORT as of. 07/05/2000

INVOICE# INVOICE DATE DEPTDESCRIPTION AMOUNT

STAGE STORES INC., HOUSTON, X, AMY GRAY, 713-667-5601 LFG: INSURED AMT:

103046 mailed 04/17/2000 PSIYOLANDA CRAVEN

2575 COMPANY TOTALS *

FINANCED INVOICES TOTAL TOTAL

MANAGED INVOICES TOTAL *

CURRENT

53:56 Page >30 DAYS

07/05/2000 09:53:56 Pa

14,000.00

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PENCOM SYSTEMS INCORPORATED STAGE STORES INC. ACCOUNTS 1 INC. ACCOUNTS RECEIVABLE AGING REPORT as e H 0 7/05/2000

INVOICE#

INVOICE DATE

DEPT

DESCRIPTION

AMOUNT

CURRENT

07/05/2000 09:53:56 Page

>30 DAYS

DAYS

>90 DAYS

* MANAGED INVOICES TOTAL *	* FINANCED INVOICES TOTAL *	* TOTAL *	* 2575 COMPANY TOTALS *	103046 04/17/2000 PSI YOLANDA CRAVEN	2575 STAGE STORES INC., HOUSTON, TX, AMY GRAY, 713-667-5601 LFG:
14,000.00		14,000.00	14,000.00	14,000.00	INSURED AMT:
14,000.00		14,000.00	14,000.00	14,000.00	•